Filing Date **CLAIMS ONLY** Applicant(s) May be used for additional daims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT AS FILED CLAIMS Indep Depend Depend Indep Indep Depend Indep Depend Indep Depend Indep Depend 51 -52 53 54 55 56 57 58 59 60 61 10 11 62 63 64 12 13 14 15 16 17 18 19 65 66 67 68 69 70 71 21 22 72 73 23 24 74 75 76 25 26 27 28 29 30 77 78 79 80 81 31 82 32 83 .33 84 34 35 36 37 85 85 - 87 88 38 **=89**= -90--40 -41 -91<u>-</u> 92 42 43 44 93 94 95 - 45. 46 96 97. -47 98 48 99 49. 50 Total Total Indep Indep Total Total Depend Depend Total Total

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Claims